

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

|                        |                   |
|------------------------|-------------------|
| Application Number     | 10/764,429        |
| Filing Date            | January 23, 2004  |
| First Named Inventor   | Zdeblick, Mark J. |
| Art Unit               | 3766              |
| Examiner Name          | Oropeza, F.P.     |
| Attorney Docket Number | 021308-001110US   |

**ENCLOSURES (Check all that apply)**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input checked="" type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Postcard |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|         |                                                                                          |
|---------|------------------------------------------------------------------------------------------|
| Remarks | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |
|---------|------------------------------------------------------------------------------------------|

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |                                    |
|--------------|------------------------------------|
| Firm Name    | Townsend and Townsend and Crew LLP |
| Signature    |                                    |
| Printed name | James M. Meslin                    |
| Date         | 4/3/06                             |

|          |        |
|----------|--------|
| Reg. No. | 29,541 |
|----------|--------|

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Typed or printed name

Brad J. Loos

Date

04/09/06



PTO/SB/83 (09-04)

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

|                        |                  |
|------------------------|------------------|
| Application Number     | 10/764,429       |
| Filing Date            | January 23, 2004 |
| First Named Inventor   | Zdeblick, Mark   |
| Art Unit               | 3766             |
| Examiner Name          | Oropeza, F.P.    |
| Attorney Docket Number | 021308-001110US  |

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record
- ☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ all the attorneys/agents associated with Customer Number **20350**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Client requests transfer of matter to firm listed below.

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:
- ☒ The address associated with Customer Number: **24353**

OR

|                                                  |                 |       |                  |              |  |
|--------------------------------------------------|-----------------|-------|------------------|--------------|--|
| <input type="checkbox"/> Firm or Individual Name |                 |       |                  |              |  |
| Address                                          |                 |       |                  |              |  |
| City                                             |                 | State |                  | Zip          |  |
| Country                                          |                 |       |                  |              |  |
| Telephone                                        |                 |       |                  | Fax          |  |
| Signature                                        |                 |       |                  |              |  |
| Name                                             | James M. Heslin |       | Registration No. | 29,541       |  |
| Date                                             | 4/3/06          |       | Telephone No.    | 650-326-2400 |  |

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.